

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43642

Registration District No. 735

Primary Registration District No. 3634 5971

Registrar's No. 755

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town "Rural" Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 2

3. (a) PRINT FULL NAME Hena Reynolds

3. (b) If veteran, name war No. 3. (c) Social Security

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. Tate Reynolds 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 23 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 20 hr. min.

9. Birthplace (City, town or county) (State or foreign country) Mo

10. Usual occupation At home

11. Industry or business 0

12. Name James A Fowler

13. Birthplace (City, town or county) (State or foreign country) Mo

14. Maiden name Mahala Reed

15. Birthplace (City, town or county) (State or foreign country) Mo

16. (a) Informant J. Tate Reynolds

(b) Address J. D. Moberly, Mo

17. (a) Burial (b) Date thereof Dec 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon

(b) Address Moberly

19. (a) Dec 15-40 (b) Seal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town "Rural" Union
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from November 27, 1940, to Dec. 13, 1940
that I last saw her alive on Dec. 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 36 hrs

Due to Influenza and Bronchitis 2 1/2 Wks

Due to 112

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy ✓

PHYSICIAN Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(Specify type of place) While at work? (e) Means of injury 300

23. Signature Benj. S. Jolly (M. D. or other) 300

Address 201 W. Reed Moberly Date signed 12-17-40

RECEIVED

District Health Officer No. 10

District File Number 1-41-165

Date Filed JAN 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. Watt

Licensed Embalmer No. 3021

P. O. Address Proberly mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.